



Minutes of Sexually Transmitted Diseases Prevention Committee (STDPC) Meeting of 30 November 00

Permanent Membership Attendance

[X] = Present [P] = Phone In [R] = Representative Sent [A] = Absent

Chairperson

[X] Mr. Bill Calvert, Chairman

OSD Force Management Policy

[A] VACANT

Manpower and Reserve

[A] COL Craig Urbauer, USA
[A] LCDR Gillian Jaeger, USN
[A] Ms. Carol Thompson, USAF

Department of Personnel

[X] LTC Jerry Swanner, USA
[X] LT JR Beckham, USN
[X] Maj. James Whitworth, USAF

Medical (SG Representative)

[X] LTC Lois Borsay, USA
[X] LCDR Mark A. Malakooti, USN
[X] Lt.Col. Fred Kelsey, USAF
[X] Lt.Col. Vic MacIntosh, USAF
[A] Ms. Cathy Ficadenti, USMC

Health Promotion

[X] LTC Dave Peterson, USA
[X] Mr. Steve Heaston, USN
[X] Lt. Col. Bruce Weaver, USAF
[A] Ms. Cathy Ficadenti, USMC

Education and Training

[A] VACANT, OSD
[X] COL Elliot Rosner, USA
[A] Barry Hoag, USN
[A] Maj. Ron Hale, USAF
[A] VACANT, USMC

Research (WRAIR, NHRC)

[P] Dr. Joel Gaydos, WRAIR
[A] Dr. Phil Renzullo, WRAIR/HMJF
[A] Donna Ruscavage, WRAIR/HMJF
[P] COL Kelly McKee, USAMRIID
[A] CDR Rick Shaffer, NHRC

Coast Guard Health and Safety

[A] CDR Sharon Ludwig, USPHS
[A] Ms. Vicki Brannan, Health Promotion

Women's Health Representative

[X] CDR Josephine Brumit, BUMED

J4 Representative

[X] Lt.Col. Christine Bader, J4

Subject Matter Experts and Other Representatives

[A] Maj. Kevin Stephan, Lackland AFB

AD HOC and Other Member Attendance

Dr. Linda Alexander, American Social Health Association
CDR Gerald Blackburn, BUMED Chaplain
CDR Jeff Young, BUMED
LTC Scott Goodrich, TMA
Col. Teresa Sommese, TMA
Dr. Monica Ruiz, Institute of Medicine

1. Bill Calvert convened the meeting at 0940 at the Department of the Navy, Bureau of Medicine and Surgery (BUMED), 2300 E Street NW, Washington, DC 20372. Bldg. 7 conference room.
2. The minutes of the 12 October 00 meeting were reviewed and approved.
3. Mr. Calvert provided several General Business/Announcements:
 - A Membership Matrix was distributed which lists areas of representation as required by Charter and the individual nominated to represent that area. The matrix should assist all members identify the individual resources serving on, and available to, the STDPC. The matrix will be sent to everyone on the STDPC e-mail distribution list and placed on the STDPC home page.
 - The new format for recording attendance/absences is reflected in the 12 October 00 minutes. This format will be utilized, for this, and subsequent minutes.
 - The STDPC confirmed the January 5th STDPC meeting to be held at the American Social Health Organization. All members and participants are strongly encouraged to attend this meeting. The main purpose will be to update the many new STDPC members on the history and progress of the Prevention, Safety and Health Promotion Council (PSHPC) and the STDPC. General Carlton, PSHPC Chair, has been invited to provide a keynote address. His attendance has not been confirmed. Additionally, CAPT Robert Murphy, Executive Assistant to General Carlton, and Ms. Lynn Pahland from Health Affairs, will be guest speakers. All Subcommittee Chairs are expected to provide a comprehensive overview of their Subcommittee's activities. All members will provide introductions to cover their area of representation and expertise. This will facilitate all members to identify available personnel resources to the STDPC.
 - The STDPC members agreed to hold STDPC meeting every two months since the group is conducting activities to implement the Action Plan in Subcommittees. The STDPC meetings will provide Subcommittee updates as well information through guest speakers of interest to the entire group. The STDPC set a meeting date for March 1, 2001, tentatively to be held at Bolling Air Force Base.
 - The PSHPC, which meets on January 4, 2001, has decided to hold its subsequent meeting in June 2001, exact date not set. Mr. Calvert has been notified he will be providing the PSHPC an update on STDPC activities at that time.
 - Mr. Calvert reminded everyone that documents and information regarding the PSHPC and STDPC are available from the STDPC Home Page at: <http://www-nehc.med.navy.mil/hp/stdpc/index.htm>.
 - Mr. Calvert will be contacting new members to prepare a letter of appointment to the STDPC. The letter will be from Lt. General Carlton, the PSHPC Chair, and sent to a flag level officer in the members chain of command.
4. LTC Scott Goodrich, Chairman of the Self Reporting Tools Committee (a PSHPC Committee) provided the STDPC a brief entitled, "Creating an MHS Enterprise-Level Self-Reported Information Management Strategy". A copy of this brief was

disseminated during the meeting. Mr. Calvert will provide a copy to everyone on the STDPC e-mail distribution list as well as place the brief on the STDPC home page.

5. Dr. Monica Ruiz from the Institute of Medicine, provided a brief on the Committee for HIV Prevention activities and subsequent report, "No Time to Lose, Getting More from HIV Prevention." A copy of this brief was disseminated during the meeting. Mr. Calvert will provide a copy to everyone on the STDPC e-mail distribution list as well as place the brief on the STDPC home page.
6. The STDPC Surveillance Subcommittee (STDPCSS) had planned to meet prior to the STDPC, but the meeting was postponed. An update of their activities to date was provided.

Dr. Joel Gaydos reported that there is no current surveillance system in place (DoD) that really gets accurate rates for incidence of STD's. In 2 meetings of the subcommittee, we heard presentations by our members on the Army, Air Force and Navy reporting systems. At this point there is no standardization, and each system has passive surveillance characteristics and its own unique problems. What is needed is standardization for reporting methods and data collected and incorporation of lab-based reporting data. Each service represented on the subcommittee will be attempting to get estimates of STD incidence and sequelae through their respective systems. A matrix developed by CDR Ludwig which summarizes each service's reporting system was shown.

Lt. Col. Victor MacIntosh made some general remarks about DMSS and will recommend the STDPCSS request the following data and interpretation through service members at DMSS and LTC Rubertone. LTC Baker is the Army representative and LT Brady is the Navy's. Lt. Col. MacIntosh is an unofficial liaison (the AF has no one currently at DMSS).

AMSA/DMSS is the central repository for health/disease surveillance data. Health sequelae such as PID, acute and chronic, surgical procedures, ectopic pregnancy, and infertility are related to Chlamydia and GC. Not all occur as a result of STD of course, but these are examples of diagnoses for which we have SIDR and SADR population-based health event data (i.e. rates for each service, stratified by any number of demographic variables). So, as we look at STD sequelae we do have accessible data, but we only guess at how much disease is actually attributable to STDs. This is a problem. In addition, SIDR/SADR data has limitations from an epidemiologic point of view. We can get a count and rate of ectopic pregnancy (using an ICD9 code), for example; unfortunately there can be coding error, coding variability, lack of validation, or lack of data collection (especially in the outpatient SADR data).

The AFEB has requested the Services Preventive Medicine representatives get data on Chlamydia incidence/ sequelae and to report back to the next AFEB meeting. The STDPC and the STDPCSS have the same desire for rate data for all STDs.

AFEB's interest is more narrowly focused on recruit screening, but the STDPCSS' concern is for all of these diseases and sequelae in the entire force. This was discussed briefly at the STDPC meeting so members, some of whom were already aware, would know of the potential overlap. The limitations and problems getting accurate data and rates are discussed above.

7. Dr. Joel Gaydos reported that the Research Subcommittee has not met pending staffing with individuals. He anticipates the subcommittee will need to look at projects/initiatives and innovative diagnostics. Mr. Calvert stated that this committee would not be required to assume an immediate priority in order to allow the Surveillance Subcommittee, whose membership will largely mirror the Research Subcommittee, to give priority to identifying morbidity and epidemiologic data as requested by the PSHPC (reflected in 12 October 2000 STDPC minutes).
8. Mr. Steve Heaston gave a progress report on the Education Subcommittee. The Education Subcommittee met on two occasions via phone conference. Members from each of the Services are in the process of gathering information on the scope and character of current HIV/STD educational programs. They are also identifying points of contact for HIV education and who specifically teaches the subject matter. The subcommittee did not meet again following the last STDPC because of a lack of a quorum. The next subcommittee meeting should follow the January STDPC meeting.
9. Mr. Barry Hoag was not available to report on his progress as Goal Champion for the Action Area for Prevention Products.
10. Mr. Calvert wrapped up the meeting reminding members of the upcoming January 5, 2001 meeting. He advised Subcommittee and Goal Champions to be prepared to present a detailed report for their area.
11. The meeting adjourned at 1310.

Minutes taken by Bill Calvert.